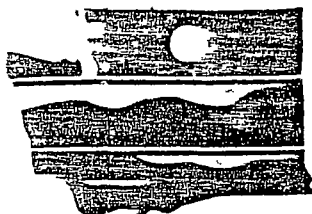


FCY 050-1-20



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

Unique Well Tag No: AGA 691

RECORD VERIFICATION (check one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive *See #4*
- ☐ Well Report not available

WELL OWNERSHIP IF DIFFERENT FROM WELL REPORT

First Name Samano Vesta W Last Name Don

Street Address 10748-3

City _____ State _____

LOCATION OF WELL IF DIFFERENT FROM WELL REPORT

Well Address END OF COLFAX, GRAVEL RD ON L

City _____ County _____

T _____ N R _____ WM Sec _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available.

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size or casing type or well housing etc.)

6" CASING INSIDE 9' X 3' X 3' CINDER BLOCK HOUSE

W/METAL LID AOT TO SRC #3

Location or Well Identification Tag

Long

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒ No

Where was tag placed?

D	C	B	A

E	F	G	H

M	L	K	J

N	P	Q	R

Scale 1 24 000 (1 = 2 000)

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

Comments

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right # _____ Date Issued _____

One

Application

Permit

Certificate

Claim

Exempt